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<b>\$EPA</b>		HAZARDOUS WAS		tt-A		GION SITE	NUMBER 9 8160	0794	
File this form in the regional I System; Hazardous Waste Enfo	Hazardous Waste Lo	g File and submit	a copy to: U.						
AKA: Grounds Manager	ment Service 1	ncl. SITE IDENTI		17X	D 98	600	194		
GROWTH SY STEI	n s		B. STREET	11 6	hAM	les S	Tr.		
C. CITY	arris Cou	(ntu)	D. STATE	,	LL V	E. ZIP CO	DE /		
Herstoic (7)			DISPOSITION	<u> </u>	····	1	<u>/_/ /                                 </u>		
Indicate the recommended acti	on(s) and agency(ie	s) that should be i	nvolved by ma	rking 'X'	in the app				
RECOMMENDATION				MARK'X'	EPA	STATE	ACTION AGENCY		
A. NO ACTION NEEDED NO HAZARD									
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)						X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)									
ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will D. be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)									
E. RATIONALE FOR DISPOSITION OF THE PROPERTY SERVICE OF PROPERTY SERVICE SPREAMENT SERVICE SPREAMENT SPREAMENT SERVICE SPREAMENT SPREAMENT SERVICE SPREAMENT SERVICE SPREAMENT SERVICE SPREAMENT SERVICE SERVICE SERVICE SPREAMENT SERVICE SER	esticides, Papery all rinspres adde guipment finere, b gol, drum sto	paticida contain is to load to be sp was discorded on requere a on	nees were business were business were business b	ened on Containe L. Obser	rwill be esize. Eo Rs rende ved ons dly Con	addressed why Drebal, red unused it < was i rowing rins	under agent dessic, gle de end yn an area. V	et containe wheeler a vid at	
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F. INDICATE THE ESTIMATED (mo., day, & yr.)  Site inspection is rea		POSITION / NOW	G. IF A CASE ESTIMATE (mo., day, &		MENT PL	AN IS NECËS HE PLAN W	SSARY, INÐI ILL BE DEV	CATE THE	
H. PREPARER INFORMATION  1. NAME  Selection	Ciccel	(6 NE)	214)65	NE NUMBE	540	3. 04	TE (mo., da)	87	
A. IDENTIFY ADDITIONAL INFO	DRMATION NEEDED	TO ACHIEVE A FINA	AL DISPOSITIO	N.					
B. PROPOSED INVESTIGATIVE	ACTIVITY (Detailed	Information)	Т	1	<del></del>				
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO	2. SCHEDULED DATE OF ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS		5. REMARKS				
a. Type of site inspection (1) SI	F488								
(2)					SUPERFUND FILE				
(3)					DEC 31 1992				
b. TYPE OF MONITORING (1)						—REAR	GANIZE	D	
(2)						11001			
C. TYPE OF SAMPLING		160614 	 	fare	ls voi	est no	ge to to	n-	
<del> '</del>	—  —  III]]]	ILLIA BILLI ABULA BILBI HILLI U		<b>—</b> -					